**SCSEP Program Application**

**Incomplete applications will not be accepted. Please provide all requested information then submit completed applications to:** [**SCSEP@threeriversrc.com**](mailto:SCSEP@threeriversrc.com) **or**

**Fax: 770-854-5402 Phone: 678-552-2836.**

**Contact Information:**

|  |  |  |
| --- | --- | --- |
| **Today’s Date:** | **Last Name:** | **First Name:** |
| **Street Address:** | **City State:** | **Zip Code:** |
| **Home Phone Number:** | **Cell Phone Number:** | **County of Residence:** |
| **Email Address:** | |

**Program Eligibility:**

|  |  |  |
| --- | --- | --- |
| **Are you unemployed?** | **Yes No**  **Please circle** | **If yes, for how long?** |
| **Are you 55 or older?** | **Yes No**  **Please circle** | **If yes, please circle the box that describes your age range** | **55-59**  **60-64**  **65-69**  **70-74**  **75 & over** |
| **Did you or your spouse serve as an active member in the U.S. military, naval, or air service and was discharged or released from such service under conditions other than dishonorable?** | **Yes No**  **Please circle** | **If yes, can you provide a copy of your DD214?** | **Yes No**  **Please circle** |
| **Do you live in one of the Three Rivers Regional Commission’s**  **Counties?** | **Yes No**  **Please circle** | **Please circle the county you live in. Butts, Carroll, Coweta, Heard, Meriwether, Lamar, Spalding, Troup, or Upson county?** |

|  |
| --- |
| **Sources of Income – Circle all source of income that apply and give total income that is counted** |

|  |  |
| --- | --- |
| What is counted as income:   1. Pensions 2. Interest for IRA and   other retirement accounts   1. Wages from an employer 2. 75% of Social Security   Retirement Benefits   1. Alimony 2. Rents, estates and trusts   Total annual counted income: \_\_\_\_\_\_\_\_\_\_ | What is not counted?   1. Unemployment Compensation 2. Social Security Disability 3. SSI payments through Social Security 4. State Assistance such as: Food Stamps, SAGA medical /Cash 5. Subsidized housing |

|  |  |
| --- | --- |
| **The information below should be used as a guide to see if your income meets the eligibility requirements.** | |
| **Size of Family** | **Maximum Allowed Family Income(what is counted)** |
| **1** | **$15,175** |
| **2** | **$20,575** |
| **3** | **$25,925** |
| **4** | **$31,375** |
| **5** | **$36,775** |

**Income Eligibility:**

**Employment and Training:**

|  |
| --- |
| **Desired Occupation Goal – Please circle the occupation you are interested in below** |
| Food Preparation & Serving | Healthcare Support (e.g. CNA, Patient Tech) |
| Personal Care & Service | Customer Service |
| Office & Administrative Support | Retail, Sales, & Related |
| What type of training do you need to get a job in the industry you want? | The classroom training that would satisfy my needs includes: |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Amount Time You Will Need for Occupational Skills Training ( Please circle)**   |  |  | | --- | --- | | **1 – 3 months** | **4 – 6 months** | | **7 – 12 months** | **Over one year** | | 1. **2 years** | **Over two years** | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Are you looking for FT or PT work?** | **Please Circle**  **Yes or No** | **What is your primary source of transportation?** |  |
| **What is your highest level of education? If college, degree studied?** |  | **What is your computer skill level?** | * Poor * Good * Excellent |
| **How would you describe your math skills?** |  | **How would you describe your writing skills?** | * Poor * Good * Excellent |
| **So we can best satisfy your needs, please tell us if you are homeless or at risk of homeless** |  | **Please identify other agencies you are currently receiving services from** | * Workforce Investment Act (WIA) * Department of Labor * Vocational Rehabilitation * Adult Education * Other * None |

**Work History:**

**Please list your last three jobs below:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Employer's Name** | **Job Title / Description of Work** | **Start Date/ End Date** | **City and State** |
|  |  |  |  |
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|  |  |  |  |

**How did you hear about SCSEP?**

** Department of Labor referral**

** Referral from another agency**

** Current / past participant**

** Newsletter**

** TV or radio broadcast**

** Printed advertisement**

** Other**

**Thank you for applying to the Three Rivers Regional Commission’s Department of Aging Service’s Senior Community Service Employment Program. You will receive a letter in the mail a few days after your application is received.**